

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17670

Registration District No. 1945

Primary Registration District No. 5300

State File No. 37

Registrar's No. 37

## 1. PLACE OF DEATH:

- (a) County. Clinton  
(b) City or town. Osburn  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME John William Totzke

3. (b) If veteran, name war 3. (c) Social Security No. 495-10-9618

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Marrah 12 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 2 6 hr. min.

9. Birthplace De Kalb Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil & Gas Distributor

11. Industry or business

12. Name Michael Henry Totzke

13. Birthplace Zempleburg Prussia  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Catherine Gips

15. Birthplace Kendall Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ida M. Totzke

- (b) Address Osburn Mo.

17. (a) Burial (b) Date thereof May 20 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Osburn Mo.

18. (a) Signature of funeral director Stewartville Mo.

- (b) Address Stewartville Mo.

19. (a) May 23 - 1943 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clinton  
(c) City or town Osburn Mo.  
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? No (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th  
year 1943 hour 7:40 minute 0 M.

21. I hereby certify that I attended the deceased from April 20  
43 to May 18 43  
that I last saw him alive on May 17th 43  
and that death occurred on the date and hour stated above.

- Immediate cause of death Embolism, cardiac sudden  
Pneumonia 4 wks.

- Due to Pneumonia 4 wks.

- Due to  
Other conditions  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations

- Of autopsy Not performed.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work (Specify type of place) (c) Means of injury  
23. Signature Stewartville Mo. (M. D. 5/18/43)  
Address Stewartville Mo. Date signed 5/18/43

JUL 20 1943

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address... *Stewartville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

June 37

Registration District No. 75

Primary Registration District No. 5300

Registrar's No.

1. PLACE OF DEATH:

- (a) County Clinton  
(b) City or town Osborn Platte sup  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

John Wm Tozke

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex M

5. Color or  
race W

6. (a) Single, widowed, married,  
divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive 2 years

7. Birth date of deceased

Mar  
(Month)

1  
(Day)

2  
(Year)

8. AGE:

Years

Months

Days

If less than one day

54

2

mo.

10 min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18  
year 1943 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

embolism  
arterial

Duration

Due to

pneumonia  
(lobar)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work

(Specify type of place)

(b) Means of injury

23. Signature Dr. J. H. ... (M.D. or other)

Address Mayotte Mo. Date signed 6/14/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 20 1943

5-17676